

**2 FY 19/20
February 6, 2019**

**AN ORDER
TO
IMPLEMENT IMMEDIATE RESPONSES TO MAINE'S OPIOID EPIDEMIC**

WHEREAS, at least 1,630 people in Maine have died from a drug overdose in the last five years, including 418 deaths in 2017 alone for more than one death per day;

WHEREAS, there are, on average, three infants born in Maine each day, representing approximately eight percent of all live births in the State, who are impacted by the mother's drug use;

WHEREAS, this insidious opioid epidemic impacts not only the individuals with substance use disorders but also their families, employers and communities;

WHEREAS, substance use generally and opioid abuse specifically are chronic diseases that can be effectively addressed through evidence-based treatments;

WHEREAS, such treatments are now frequently unavailable or unaffordable in Maine because governmental response efforts to address this epidemic have been inadequate;

WHEREAS, an essential statutory mission of state government pursuant to *22-A MRSA sec. 202(1)* is to "provide health and human services to the people of Maine so that all persons may achieve and maintain their optimal level of health and their full potential for economic independence and personal development;"

WHEREAS, the current opioid epidemic presents a public health crisis requiring urgent action;

NOW THEREFORE, I, Janet T. Mills, Governor of the State of Maine, pursuant to authority granted by *Me. Const. Art. V, Pt. First, Secs. 1 and 12*, do hereby Order and direct the following.

I. PREFACE

The Director of Opioid Response shall lead the efforts set forth by this Order. For all efforts hereunder, the Director shall identify financial resources that are not tax based, including federal funds, foundation grants, and any other public or private money, to further the goals of preventing and treating substance use disorder in our state.

The Commissioners of the state Departments shall cooperate fully with the Director by promoting and implementing as appropriate those efforts that will benefit the people with substance use disorders who interact with their departments. The Commissioners shall regularly report to the Director the actions and plans undertaken by their departments, and the results achieved pursuant to this Order.

It is further the intent that this Order supplement the vigorous efforts of law enforcement at all levels to stem the tide of drug trafficking into Maine that is fueling the opioid epidemic across the state. To that end, the Director shall remain informed by the effective efforts of both law enforcement and the Judicial Branch through its work both in Maine and with the New England Regional Justice Opioid initiative.

II. CABINET CREATION

To identify, organize and focus efforts that are currently either dispersed, inadequate or non-existent, the Director of Opioid Response shall convene and chair a Prevention and Recovery Cabinet that:

- A. Models previous Children's Cabinets;
- B. Coordinates across all state agencies efforts related to the epidemic; and
- C. Consists of the Commissioners of the Departments of Health and Human Services, Public Safety, Economic and Community Development, Labor, Corrections, Professional and Financial Regulation, Defense, Veterans and Emergency Management, Administrative and Financial Services, Marine Resources, Environmental Protection, Education, Transportation, Inland Fisheries and Wildlife and Agriculture, Conservation and Forestry; and representatives from the Office of Attorney General and Judicial Branch.

III. OVERDOSE AND DEATH PREVENTION

To help prevent overdoses and deaths, the Director of Opioid Response shall:

- A. Make Naloxone more widely and readily available, affordable and accessible. Such efforts shall include making Naloxone available:
 - 1. Without prescriptions in pharmacies;
 - 2. Through health care providers and emergency rooms;
 - 3. At geographically identified overdose "hot-spots;" and
 - 4. At public facilities where employees are likely to interact with people who have overdosed.
- B. Develop for persons whose family members or friends are at risk of overdose information about how to administer Naloxone.

- C. Use available funds at the Office of Substance Abuse and Mental Health Services (SAMHS) to purchase doses of intra-nasal Naloxone and inter-muscular Naloxone for distribution to hospital emergency rooms, needle exchange programs, public health districts, peer recovery centers, and other locations determined by SAMHS.
- D. Encourage prescribers writing prescriptions for more than 100 morphine milligram equivalents (MME) or other potentially dangerous combination of drugs to co-prescribe Naloxone, and work with professional associations and employers of prescribers to educate prescribers in this standard.
- E. To the extent practicable, develop an Overdose Map with geomapping technology to locate overdose related hotspots and provide real-time data sharing.
- F. Evaluate the efficacy of Naloxone distribution boxes in state owned or occupied facilities, similar to how the state provides automated external defibrillators.
- G. Evaluate the efficacy of training state employees in Naloxone distribution, focusing on those state employees who interact directly and regularly with the public.

IV. TREATMENT AND RECOVERY EFFORTS

To expand effective treatment and recovery efforts, the Director of Opioid Response shall:

- A. Identify how to integrate Medication Assisted Therapy (MAT) into the criminal justice system, particularly at the front end so to divert people from entering the system.
- B. Design a MAT plan as part of a larger system of a “hub” of clinical care and “spokes” of supportive services that include recovery coaches and expanded capacity in recovery residences and similar sites.
- C. Work with the Bureau of Insurance to review any current limits on MAT applied by commercial health insurance plans in the state, encourage their voluntary removal, and consider any appropriate legislation to lift such limits.
- D. Use SAMHS funds to:
 1. Make available to up to ten emergency room departments the services of a single shift recovery coach;
 2. Train 250 recovery coaches and fund recovery coaches in 10 emergency departments;
 3. Work with hospitals and emergency physicians to expand the number of emergency departments offering rapid access induction of Suboxone;
 4. Encourage every county jail to have MAT services available for persons incarcerated who are suffering from a substance use disorder, and help such individuals released from jails to continue to receive support services; and

5. Assist the Department of Corrections pilot program to provide MAT to inmates, focusing first on those patients with a release date within four years, and help individuals released from the Department to continue to receive like support services.

V. PREVENTION EFFORTS

To help prevent opioid abuse, the Director of Opioid Response shall:

- A. Institute policies and programs that:
 1. Target prevention program in areas with a high number of overdoses, hospital admissions, and drug-related crimes;
 2. Improve training of health care professionals to prevent overprescribing; and
 3. Increase use of best practices in self-esteem and life training skills for schools, workplaces, state government and community prevention programs.
- B. Establish a work group to:
 1. Evaluate existing substance use disorder prevention programs in Maine that target school-age children;
 2. Investigate prevention programs that have proven effective in other jurisdictions; and
 3. Identify approaches and funds that offer, expand or improve prevention programs in education curricula.
- C. Re-establish the Prescription Monitoring Program (PMP) Advisory Council to assist the PMP staff with analyzing prescribing trends and communicating those trends to prescribers.
- D. Collaborate with the Office of the Chief Medical Examiner and researchers at the Margaret Chase Smith Center at the University of Maine to establish a system whereby prescribers are notified of patients who overdose fatally or are revived.

VI. SUPPORT CONNECTIONS

To improve access to support services, the Director of Opioid Response shall:

- A. Connect individuals to timely services and supports through active communication among hospitals, recovery residences, community-based organizations and individual providers.

- B. Review the MaineCare Opioid Home Health rules and reimbursements to determine if it is the best model for serving persons with substance use disorders who are eligible for MaineCare.
- C. Evaluate options and costs for establishing a one-stop referral system to provide direct referrals to treatment providers in a timely manner.

VII. VALUES

All actions contemplated by this Order shall be undertaken with a view to reducing the stigma associated with substance use disorders. To be effectively treated, such disorders needs to be addressed as a chronic medical condition and, accordingly, de-stigmatization shall be an essential foundation underlying all actions.

VIII. EFFECTIVE DATE

The effective date of this Order is February 6, 2019.

Janet T. Mills, Governor